

DHHS WAIVER ADVISORY COMMITTEE MEETING MINUTES

Date: March 21, 2012 **Time**: 1:00 pm – 3:00 pm **Location**: McKimmon Center, Raleigh, NC

MEETING CALLED BY William "Lee" Smith, Chairman					
TYPE OF MEETING DHHS Waiver Advisory Committee (DWAC)					
ATTENDEES					
C	OMMITTEE MEMBERS		ST	ATE STAFF ATTENDEES	
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch		Ken Marsh	LME Support Services	\boxtimes
Margaret Stargell	Coastal Horizons Center, Inc.	Call In	Jim Jarrard	DMH/DD/SAS Asst. Dir.	\boxtimes
Jack Naftel, MD	NC Physicians Association		Kathy Nichols	DMA Waiver Pgms Mgr	
Rosemary Weaver	State				
Carol Messina	State				
Susan Monroe	Local				
Marc Jacques	Local				
Deby Dihoff	NAMI				
Ellen Perry	DD				
Cherene Caraco	Mecklenburg's Promise				
Lois Cavanagh-Daley	NC CANSO		GUEST		
Arthur C. Wilson	Transylvania Co.		NAME	AFFILIATION	PRESENT
William Smith III	Wayne Co.		Beth Melcher for	Rep. Mike Watson	
Brian Ingraham	Smoky Mtn.		Kelly Crosbie for	Rep. Tara Larson, Craigan	
_			-	Gray, Kathy Nichols	
Ken Jones	Eastpointe				
Mike Watson	Deputy Sec. for Health Srvcs				
Craigan Gray	Director				
Tara Larson	DMA, Chief COO				
Steve Jordan	Director				
U. Nenna Lekwauwa	Medical Director				

1. Agenda topic: We	Presenter(s)	: Lee Smith		
Discussion	 Minutes approved Invitation for Public to sign up to speak. Three minute limit, detailed information preferred to be submitted in writing to the committee. 			
Conclusions	N/A			
Action Items		Person(s) Responsible	Deadline	
□ N/A				

2. Agenda topic: Chair Update/Housekeeping Items

Discussion	Committee vacancy for SA Representative. Invitation put out for nominees for this vacancy. Suggestions to be submitted by end of next week with hopes of having someone appointed by next meeting.		
Conclusions	• .		
Action Items		Person(s) Responsible	Deadline
□ SA Nominations to b	e submitted by end of next week	Ken Marsh	3/30/12

Presenter(s): Lee Smith

3. Agenda topic: General Update PBH Expansion

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Discussion • Comparison of PBH and Western Highlands activities from January 1,		om January 1, 2012 through	
		February 29, 2012. Data reported by both MCOs includ	e # providers enrolled, # grievances,
		turnaround time, # days to pay. Federal turnaround time	e is 14 days – PBH and WH numbers

well within the timeframes required. Transition hurdles: High Volume of provider applications – leads to payment issues; High volume of new authorization requests – goal is to improve TAT; Adjustment to Care Coordination over Targeted Case Management – goal to be responsive to recipients and families. WH putting more staff in place to help process claims. Both MCOs very responsive to resolving issues. Affected – way entering claims, ability to enter in network WH active two months, PBH active 5 years, please be patient. Observation that numbers represented for grievances appear low. Response: These are the numbers reported by PBH and WH. There are grievances reported at State level which would not be included here. Positive Feedback -Has resulted in closer collaboration with providers. Better connection to consumers through Care Coordination process. Enrollment faster than with CSC Requests/Questions/Comments: Request for further breakdown of data in PowerPoint. Define whether numbers are Has lack of due process played into the data presented? When CABHAs were developed a number of consumers got reassessed and some walked away – Are we losing any folks now? Reguest for trending information. What are considered clean claims? What are unclean claims? How much is being paid? Small and large providers afraid to complain. Need to resolve. Want more data to determine what is being affected by transition. Request for number enrolled vs how many have applied. Want numbers compared to population. Dr. Lekwauwa requested numbers be broken down to identify inpatient requests. Care Coordination vs. TCM – huge discrepancy in numbers getting care coordination. Who will end up with care coordination – consistency comparing. Request for more information on IDD. Inquiry on B3 Service Definitions How did PBH handle psychiatrist Peer Support definition Request for number of child psychiatrists – time to access this.

Authorizations – poten:

 Authorizations – potential for automatic authorizations. Current clinical authorization timeframes.

Conclusions Power Point Presentation available on DMA website.

Action Items
Person(s) Responsible Deadlin

A	ction Items	Person(s) Responsible	Deadline
•	Kelly to get information and report back	Kelly Crosbie	4-17-2012
•	Suggestions / Issues for resolving to be brought back to committee.		

4. Agenda topic: Presentation/Updates -CAP/IDD - Innovations Crosswalk Presenter(s): Sandy Ellsworth Deborah Goda

Discussion	 Transitioning from CAP/IDD to Innovations Waiver. Some services will be a bit more flexible within the Innovations waiver. Innovations will have the same entry criteria. Both waivers make allowances for parents or guardians to provide services within limits. LME/MCOs may authorize additional hours. 	
	authorize additional hours.	

	 WH implemented Innovations Waiver 1/3/12 win Department. Advantages and disadvantages of transition dis Service array largely the same. Each LME has approval of the State and, if necessary, with Ferrica Request for Medical Necessity Criteria – defined Telephonic Care Coordination - Would like to his phone. Questioning whether this will work. Residetermine whether working. 	ccussed. the ability to pay for services with deral approval. d in Medicaid Clinical coverage p ave representatives present, not j	the olicy. ust on	
Conclusions	Power Point Presentation available on website.			
Action Items		Person(s) Responsible	Deadline	
□ None				

5. Agenda topic: Tracl	kina Loa	Presen	ter(s): Peggy Terhune	
5. Agenda topic: Traci	 Tracking Log wordecide when the decide when the series and compared to the series and compare	rking well, being taken seriously. It issues are resolved and/or closed to get answer to get answer Systems – four different IT system to request made to standardize. In used. Have to be compliant with the lasue Closed. It have to follow minimum State Planard for what ICF has to provide. Replanard for what ICF has to provide. Responsibility of State, not this LMEs have to do own due diligen	ms being used (ALFA CM, Ne Response: State does not m 837 submissions. Result: Not an. Per Kelly – no limitation. Response: Basic minimum, LN they need. Peggy to get me scommittee ce – approval with one will not and they need for Panel. bring to future DWAC committee review. Peggy Twolunteered for Panel. committee out to other are fact sheets – Committee asker.	atsmart, PBH andate the sting can be of the sting can ask ore of the sting can be still
	have SA represerIssue raised – Dit	ntative on Committee by next mee fficulty when receiving services in quired from another LME.	eting who can also assist this	group.
Conclusions	•			
Action Items	# to DWAC to 1-	240	Person(s) Responsible	Deadline
 Panel assembled to 	ff to DWAC are to upda assist with Tracking L to assist with disabilit	og and Outcome Measures	Ken Marsh/Kathy Nichols / Shealy Thompson	4/17/2011

6. Agenda topic: Public Comment Period

_	□ Provider in WH Network said to be going under. Is this true? □ NEW MCOs – reports ongoing. Need to determine what data people want to see. □ Request for pipelining with DWAC Committee/families/consumers – allow equal voice at this committee from families and consumers. Conclusions ■ Issues to be included in minutes, publicized on web and followed on tracking list. Action Items ■ Person(s) Responsible Deadline					
		 Wilda Brown – President of Mental Retardation Services – concerns with DD being in waiver. Feels the waivers are moving too fast – losing budget, staff, control – doing well under the circumstances. Some clients do not take well to change. Being taken out of services they are comfortable with and being sent into community. Due to time constraints, Ms. Brown asked to provide her concerns in writing to Committee. Shelley Barnes – Appeal process to Innovations Transition, Number of grievances seems shockingly low. How are grievances being resolved? Is it considered closed if there is no resolution? Paul Cox Fishman – Shared that sister has been in facility 45 years and is well cared for and very comfortable with the setting. Feels that having to change as a result of the waivers is disruptive to consumers and not well received. Questions raised by Committee member: 				
	Discussion	 Mary Short – IDD Caregiver Voice – Advocacy Group – Opposed to CAP Waiver & Method – Issues with funding based on number of Medicaid Card Holders funding varying month to month on long term services. Believes CAP/DA should not be included in this waiver. Family/Relative providers affected - inability to find daily services, want to know what they are. Also wished to express that there are avenues to complain. 				

Next Meeting: Wednesday, April 18, 2012, 1:00 p.m. – 3:00 p.m.